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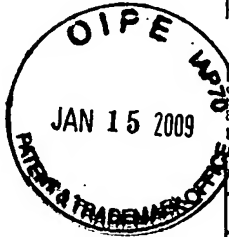
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26541 7590 10/20/2008

Cindy S. Kaplan
P.O. BOX 2448
SARATOGA, CA 95070



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01/15/2009 EEKUBAY2 00000020 10066069

01 FC:1501 1510.00 OP

Cindy S. Kaplan (Depositor's name)
[Signature] (Signature)
January 12, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/066,069 01/31/2002 Liqin Dong CISC744 2503

TITLE OF INVENTION: METHOD AND SYSTEM FOR DEFINING HARDWARE ROUTING PATHS FOR NETWORKS HAVING IP AND MPLS PATHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$0 \$0 \$1510 01/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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NG, CHRISTINE Y 2416 370-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cindy Kaplan

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Technology, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☐ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*

Date January 12, 2009

Typed or printed name Cindy S. Kaplan

Registration No. 40,043

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<i>[Signature]</i>	(Signature)
January 12, 2009	(Date)

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nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
NG, CHRISTINE Y	2416	370-252000

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1 Cindy Kaplan

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San Jose, California

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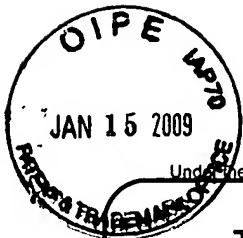
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Registration No. 40,043

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/066,069

Filing Date

January 31, 2002

First Named Inventor

Liqin Dong

Art Unit

2416

Examiner Name

Christine Y. Ng

Attorney Docket Number

CISCP744

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
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| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cindy S. Kaplan, Attorney at Law		
Signature			
Printed name	Cindy S. Kaplan		
Date	January 12, 2009	Reg. No.	40,043

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Signature			
Typed or printed name	Cindy S. Kaplan	Date	January 12, 2009

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